## KENDRIYA VIDYALAYA VAYUSENA NAGAR, NAGPUR

## APPLICATION FORM FOR APPOINTMENT OF TEACHERS ON CONTRACT BASIS

Im	porta	nt no	otes:		2. 0	One	ntries form s ose att	hould	be us	ed fo	r one	post.		each fo	orm. (If	appli						2 <b>024</b>			
1.	(P	Pleas					<b>LIEI</b> er PGT ox)			in the	2					SI						E <b>D F</b>			
2. C	andid	ate'	s Nan	ne (ir	n ca	pita	ıl lette	s) (Pl	ease k	еер	one b	ox bl	ank be	tweer	First n	ame,	Mide	dle n	ame	& La	ast n	iame	)		
<b>Father'</b> (Please									e, mi	ddle i	Fatl name	-	st nam	ne)		ŀ	Husb	and		]					
Occupa Occupa	ition (	of Sp	oouse	with	n Ad	ddre	ess (if a	pplica	able)																
Date of	Birth	n:		D#	AY			MC	ONTH	•••••			YEAR					e <b>nde</b> se Tic		[	M		]	F	Ι
Age as					i+olo	- lo+		'ear			N	Montl	h		Days	;									
Name Fathe Addre	r/Hus		:			s iet	ters)												]		Pho	fix or otogra	ph		
City/T	own		:																						
Ph/M	lobile	No.	: 1 2							PIN															

Signature of Candidate

## 9. Academic Qualification (Starting from High School level)

(Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)

Please give information as applicable. (Attach attested copies of Mark sheets and Certificates)								
Name of Examination	Write Name		AG	GREGATE MA	ARKS		Duration	
(with complete nameof course passed)	of Examination Passed	Year of Passing	Max Mks	Marks obtained	%age of marks	Subjects / Specialization	of course (in months)	Board/ University
High School (Class X)								
Intermediate (Class-XII)								
Graduation (Name of Course)								
Post Graduation (Name of Course)								
Others if any (Specify)								

10.	Professional	Qualification	(Attach attest	ed copies of	of mark sheets 8	& certificates)
-----	--------------	---------------	----------------	--------------	------------------	-----------------

Name of	Write nameof		AG	GREGRATI	E MARKS		Duration	
Examination (with completename of course passed)	Examination passed	Year of passin g	Ma x. Mar ks	Mark s obtain ed	%age of marks	Subjects /Specialization	of course (in months)	Board/ University
D. Ed./B. El. Ed.								
B. ED  BE/B. Tech (CS)/MBBS  Degree/Diploma in  Nursing								
CTET-I/II								
Other ifany (specify)								
11. Experience (Att	tach separate sheet,		are insuffi					

(	Other ifany (specify)									
11.	Experience (At	tach separate sheet,	if columns a	re insuffic	cient)					
	Post held	Name of Institutio n	Perio	d of servic	ee	No. of complete years & months	ed	Class taught		
		each through Englis tick in the appropriate			S	YES			NO	
		wledge of computer tick in the appropriate		ching posts	S	YES			NO	
			UND	ERTAK	NG					
I her	eby certify that	all the information gi	ven above is t	rue and co	orrect to	the best of	my knowle	edge. I ł	nave attache	d

I hereby certify that all the information given above is true and correct to the best of my knowledge. I have attached attested copies of my testimonials in support of the entries made above. I also agree that mere eligibility does not confer right to be called for interview/selection. My candidature may be cancelled in case any information is found to be incorrect on verification.

Place	
Date	Signature
Contact No	
	Nama